2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-10-2006 90103 048 ****50.00

DOCUMENT # L05000117207

1. Entity Name
DORON, L.L.C.

Principal Place of Business	Mailing Address
2811 NE 14TH STREET OCALA, FL 34470	2811 NE 14TH STREET OCALA, FL 34470

2. Principal Place of Business	3. Mailing Address
2811 NE 14th St	2811 NE 14th St
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Ocala FL	City & State: Ocala FL
Zip: 34470 Country: USA	Zip: 34470 Country: USA

07032006 Chg-LLC CR2E083 (11/05)

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HICKS, DANIEL 421 SOUTH PINE AVENUE OCALA, FL 34474	Name: Hicks, Daniel Street Address (P.O. Box Number is Not Acceptable): 421 South Pine Avenue City: Ocala FL Zip Code: 34474

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Don Sauey 2811 N.E. 14th St. Ocala, Fl. 34470	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Don Sauey Don Sauey 7/4/06 352-732-3244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #